



Application for Immediate Retirement

Includes Information, Instructions, and Most Necessary Forms

Introduction

If you are a Federal employee covered by the Federal Employees Retirement System (FERS), and you wish to apply for retirement with immediate annuity (annuity commencing within 30 days after the date of final separation from Federal service), this package is for you! You should also use this package if you transferred to FERS and are eligible to have part of your annuity computed under Civil Service Retirement System (CSRS) rules.

Retirement benefits and retirement processing are complicated. Read the information in this package carefully. When you decide to retire, give your agency advance notice so it can be sure your records are complete and it can carry out the responsibilities reflected in the agency checklist in Schedule D of this package.

DO NOT USE THIS PACKAGE, OR THE FORMS IT CONTAINS, TO APPLY FOR DEFERRED ANNUITY (A deferred annuity begins more than 30 days after the date of final separation.) If you want to apply for a deferred annuity, you should request an application from the Office of Personnel Management, Federal Employees Retirement System, P. O. Box 200, Boyers, PA 16020.

The information and forms in this package are current as of March 1988. Information about any changes which may have occurred since that date should be added to this package by your agency.

Keep the instructions/information section of this booklet for future reference.

Where to Obtain Additional Information

This package presents basic retirement information about matters affecting most retiring employees. More detailed information about FERS can be found in the booklet "FERS" (RI 90-1). It may be ob-

tained from your employing agency. You must apply separately for any benefits payable from the Thrift Savings Plan and the Social Security Administration.

If you have other questions, ask your employing office for assistance.

How to Have Your Annuity Payments Sent to a Bank or Financial Organization

Having your annuity payments sent directly to your bank or financial organization is both convenient and safe, and eliminates the possibility of lost or stolen checks. It also assures that payments are deposited and available for your use, even when you are away from home. OPM will continue to send other information to your mailing address.

To have your payments sent to a financial institution, you may pick up a SF 1199A, *Direct Deposit Sign-Up Form*, where you bank. To send the form with this application, you may omit your retirement claim number--it will be filled in by OPM. But, if you wish to send a SF 1199A later, you **MUST** include your claim number. OPM will send your claim number a few days after your application is received.

What to Do if Your Address Changes Before Processing is Completed

If your address changes before you receive your claim number, first contact your agency to find out if your application has been forwarded to OPM. If your agency has already forwarded your application to us, you will need to write us, giving your name, date of birth, Social Security Number, the date of retirement, and the agency you retired from. If you have received your claim number, remember to refer to it. In addition, you should notify your old post office of your forwarding address.

Privacy Act Statement

Solicitation of this information is authorized by the Federal Employees Retirement law, (Chapter 84, title 5, U.S. Code), the Federal Employees' Group Life Insurance law (Chapter 87, title 5, U.S. Code) and the Federal Employees Health Benefits law (Chapter 89, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary under this pro-

gram, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application. Information you provide about your unmarried dependent children may be used to expedite their claims after you die; however, your failure to supply such information will not affect any future rights they may have to benefits.

Instructions for Completing Application

Type or print clearly. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security Number written at the top. If you do not know an answer write "unknown". If you are unsure of information (for example, if you do not know an exact date), answer to the best of your ability, followed by a question mark (?).

The following additional information should help you to answer those questions on the application which are not entirely self-explanatory.

SECTION A--Identifying Information

Item 2: List other names under which you have been employed in the Federal government (such as a maiden name). This will

help us to locate and identify records maintained under such names.

- Item 3: Enter the address to which correspondence should be mailed. (If you want your payments sent to a bank, do NOT enter the bank address here; see information above on having annuity payments sent to a bank.)
- Item 4: Give a telephone number where you can be reached after you retire.

SECTION B--Federal Service

- Item 2: Enter the date of final separation for retirement. (Leave blank if applying for disability retirement and not yet separated.)

Item 4: Indicate whether or not you have performed active duty that terminated under honorable conditions in the armed services or other uniformed services of the United States, including the following:

- Army, Navy, Marine Corps, Air Force or Coast Guard of the United States;
- Commissioned Corps of the Public Health Service after June 30, 1960;
- Commissioned Corps of the National Oceanic and Atmospheric Administration (formerly Coast and Geodetic Survey and Environmental Science Services Administration) after June 30, 1961.

If you have performed such service, complete and attach Schedule A, furnishing the requested information for each period of active duty.

Information about your active duty military service is needed so that we can compare your claim with other records and request verification of any military service claimed but not verified. This assures that you are credited with the correct amount of active military service.

To receive FERS credit for military service performed on or after January 1, 1957, you must make a deposit of 3 percent of your military basic pay. You must pay the deposit to your agency while you are still employed. You may not pay OPM after you retire.

If you are entitled to have part of your retirement computed under CSRS rules, military service performed prior to your transfer to FERS comes under CSRS deposit rules. These rules are as follows:

- The CSRS deposit is 7 percent of your military basic pay. If you were first employed in a civilian position before October 1, 1982, you do not pay the deposit, and you are eligible for a Social Security benefit at age 62, the CSRS part of your annuity will be recomputed at age 62 to delete credit for the post-1956 military service.
- If you were first hired on or after October 1, 1982, you will not receive any credit for post-1956 military service if you do not make the deposit for it.
- CSRS military service deposits must also be paid to your agency while you are still employed.

Item 5: If you are receiving, or have applied for, military retired pay, answer "yes" to Item 5, then complete and attach Schedule B--Military Retired Pay. (Note: Military retired pay includes disability pay.)

This information is needed to assure correct credit for military service. Receipt of military retired pay may affect the computation of your annuity rate.

If you are waiving military retired pay for FERS retirement purposes, your agency can help you prepare your request for waiver. Attaching a copy of your waiver request and of the finance center acknowledgement (if available) to your application may help us to process your claim more quickly. (Even if you have already waived your military retired pay to receive benefits from the Veterans Administration you also need to file a waiver for FERS.)

SECTION C--Marital Information

Item 1f: If you were married by a clergyman or justice of the peace, check that box. If not, check the box marked "other" and explain how, or by whom, you were married.

SECTION D--Annuity Election

Box 1: If you initial Box 1, you and your spouse will receive benefits automatically provided by law. Your spouse's survivor annuity upon your death will be 50% of your unreduced annuity. Your annuity will be reduced by 10% to provide this benefit.

Box 2: If you initial Box 2, you and your spouse will receive the following benefits. Upon your death, your spouse will receive a partial survivor annuity of 25% of your unreduced annuity. Your annuity will be reduced by 5% to provide this benefit. You must have your spouse's consent to choose a partial survivor annuity. You must also complete and attach to your application SF 3107-2, *Spouse's Consent to Survivor Election*. Note: This option is not available if you separated from Federal service before January 8, 1988.

Box 3: If you initial Box 3, you will receive an annuity payable only during your lifetime, without monthly survivor annuity for your spouse if you are married. However, if you are married at retirement, you cannot choose this type of annuity without your spouse's consent. You must also complete and attach to your application SF 3107-2, *Spouse's Consent to Survivor Election*.

Box 4: If you initial Box 4, a person selected by you, who has an insurable interest in you, will receive a survivor annuity upon your death. Insurable interest exists if the person named may reasonably expect to derive financial benefit from your continued life (such as a former spouse or a close relative).

If you choose an insurable interest survivor annuity, the survivor annuity will be 55 percent of your annuity after your annuity has been reduced to provide this benefit (see table).

Any employee who is not retiring for disability and who can prove good health may elect a reduced annuity to provide a survivor annuity for a person having an insurable interest in the retiree. You may elect this insurable interest survivor annuity in addition to a regular survivor annuity for a current or former spouse. However, if you elect an insurable interest annuity for your current spouse, you must both jointly waive the current spouse annuity. If you elect the insurable interest annuity for a current spouse because a court order awards (or you have elected) the regular survivor annuity to a former spouse, the insurable interest election for your current spouse can be converted to a current spouse annuity if the former spouse loses entitlement to the regular annuity.

If you choose an insurable interest annuity, the amount of the reduction in your annuity will depend upon the difference between your age and the age of the person named as survivor annuitant, as shown in the table below.

Age of the Person Named in Relation to That of Retiring Employee	Reduction in Annuity of Retiring Employee
Older, same age, or less than 5 years younger than you	10%
5 but less than 10 years younger	15%
10 but less than 15 years younger	20%
15 but less than 20 years younger	25%
20 but less than 25 years younger	30%
25 but less than 30 years younger	35%
30 or more years younger	40%

Box 5: If you initial Box 5, your former spouse(s) will receive a survivor annuity upon your death. The maximum survivor annuity payable to your former spouse(s) is 50% of your unreduced annuity. Your annuity will be reduced 5% or 10% according to the total benefit you want to provide.

Important Information About Survivor Benefits

- Married Employees.** If you are married at retirement, your annuity will be computed with survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits. (See next paragraph.)

b. Spousal Consent Requirement

1. If you are married and you do not want to provide maximum survivor benefits for your current spouse (and you initialed Box 2 or 3 in Section D, of the application) you must attach a completed SF 3107-2, *Spouse's Consent to Survivor Election*. Your spouse's consent is required even if a former spouse will be awarded a survivor annuity by court order. See below under "d".
2. OPM may waive the spousal consent requirement if you show that your spouse's whereabouts cannot be determined. A request for waiver on this basis must be accompanied by:
 - a judicial determination that your spouse's whereabouts cannot be determined; or
 - Affidavits by you and two other persons, at least one of whom is not related to you, attesting to the inability to locate the current spouse and stating the efforts made to locate the spouse. You must also give documentary evidence, such as newspaper stories about the spouse's disappearance.
3. OPM may waive the spousal consent requirement if you present a judicial determination regarding the current spouse that would warrant waiver of the consent requirement based on exceptional circumstances. (Illness or injury of the retiring employee is not justification for waiving the spousal consent requirement.)

c. Electing a Survivor Annuity for a Former Spouse(s)

1. To elect a survivor annuity for a former spouse, you must have been married to the person for a total of at least 9 months. A former spouse who remarries before reaching age 55 is not eligible for a former spouse survivor annuity.
2. You may elect to provide a survivor annuity for more than one former spouse. However, the total of the survivor annuities may not exceed 50% of your unreduced annuity. Also, if you are married, you must have your spouse's consent to choose this option.

d. Electing a Survivor Annuity for a Current Spouse When a Court Order Gives a Survivor Annuity to a Former Spouse

1. If a court has given a survivor annuity to a former spouse, you should make your election concerning a survivor annuity for your current spouse as if there were no court-ordered former spouse annuity. By electing survivor benefits for your current spouse at retirement you can protect your spouse's rights in case your former spouse loses entitlement in the future (because of remarriage before age 55 or death). This is so because OPM **must** honor the terms of the court order. Thus, you are not **ELECTING** a survivor annuity for the former spouse. (Note: **The election you make now regarding a survivor annuity for your current spouse cannot be changed except as explained below.**) The following paragraphs explain in more detail how your election at the time of retirement can affect your current spouse's future rights if the court has given a survivor annuity to a former spouse.
2. If a court order gives a survivor annuity to a former spouse, your annuity will be reduced to provide it. If you elect a survivor annuity for your current spouse (or another former spouse), your annuity will be reduced no more than it would be to provide a survivor annuity equal to 50% of your unreduced annuity. Your current spouse will be eligible for any portion of the benefit not ordered for the former spouse.
3. If you die before your current and former spouses, the total amount of the survivor annuities paid cannot exceed 50% of your annuity and OPM must honor the terms of the court order before it can honor your election. The former spouse having the court-ordered survivor benefit would receive an annuity according to the terms of the court order.

4. If the court order gives the entire survivor annuity to the former spouse, your widow(er) would receive no survivor annuity until the former spouse loses entitlement. Then your widow(er) would receive a survivor annuity according to your election.
5. If the court order gives less than the entire survivor annuity to the former spouse, your widow(er) would receive an annuity no greater than the difference between the court-ordered survivor annuity and 50% of your annuity. However, if the former spouse loses entitlement to the survivor annuity (through remarriage before age 55 or death), your widow(er) would then receive the survivor annuity you elected.

For example, if there is a court-ordered former spouse survivor annuity that equals 40% of your annuity, you elect a maximum survivor annuity for your current spouse, and you die before the former spouse's entitlement to a survivor annuity ends, the former spouse would receive a survivor annuity equal to 40% of your annuity and your widow(er) would receive a survivor annuity equal to 10% of your annuity. However, if the former spouse later loses entitlement to the survivor annuity (through remarriage before age 55 or death) your widow(er) would then receive a survivor annuity equal to 50% to your annuity.

e. Electing an Insurable Interest Annuity for a Current Spouse

1. If a former spouse's court-ordered survivor annuity will prevent your current spouse from receiving a survivor annuity that is sufficient to meet his or her anticipated needs, you may want to elect an insurable interest annuity for your current spouse.
2. If you elect an insurable interest survivor annuity for your current spouse, you and your current spouse must jointly waive the regular survivor annuity. Therefore:
 - a. Complete Section D, item 4, of the SF 3107 naming your current spouse (i.e., election to provide insurable interest benefit);
 - b. Complete Part 1 of SF 3107-2 and mark box a; and
 - c. Have Parts 2 and 3 of SF 3107-2 properly completed (i.e., spouse's consent to insurable interest benefit in lieu of regular survivor annuity).
3. If you elect an insurable interest survivor annuity for your current spouse and your former spouse loses entitlement **before** you die, you may request that the reduction in your annuity to provide the insurable interest annuity be converted to the regular spouse survivor annuity. (See "Annuity Election Changes After Retirement".) Your current spouse would then be entitled to the regular survivor annuity. In addition, if your former spouse loses entitlement **after** you die, your widow(er) can substitute the regular survivor annuity for the insurable interest survivor annuity.
4. If for any reason OPM cannot allow your insurable interest election for your current spouse, your current spouse will be considered elected for the maximum regular survivor annuity, unless your current spouse signs another SF 3107-2 consenting to receive no survivor annuity, or to receive a partial survivor annuity.

Annuity Election Changes After Retirement

- a. After OPM authorizes your annuity and you begin receiving regular monthly payments, you cannot change your election except under the circumstances explained in the following paragraphs.
- b. If you are married at retirement, you may increase your spouse's benefit as follows. You must request the change in writing no later than 18 months after the commencing date of your annuity. Your request must specify whether you want to provide a partial survivor annuity (25% of your unreduced annuity) or a full survivor annuity (50% of your unreduced annuity). (You cannot choose a smaller survivor benefit than you chose at retirement.)

Your spouse must also sign a new consent if you now want to choose a partial survivor annuity. In addition, you must pay a deposit representing the difference between the reduction for the new survivor election and the original survivor election, plus a percentage of your annual annuity. This percentage is 24.50% of your annual annuity if you are changing from no survivor benefit to a full survivor benefit, and 12.25% if you are changing from none to a partial benefit, or a partial benefit to a full benefit. (Interest on the deposit must also be paid.)

- c. The reduction in your annuity to provide a survivor annuity for your current spouse stops if your marriage ends because of death, divorce, or annulment. However, you may elect, within two years after the marriage ends, to continue the reduction to provide a former spouse survivor annuity for that person, subject to the restrictions in paragraph i. If you marry someone else before you make this election, your new spouse must consent to your election.
- d. The reduction in your annuity to provide a survivor annuity for a former spouse ends (1) when the former spouse dies, (2) when the former spouse remarries before reaching age 55, or (3) under the terms of the court order that required you to provide the survivor annuity for the former spouse when you retired. (Modifications of original court orders that are issued after you retire do not affect the former spouse annuity.) However, if, at retirement, you had elected a survivor annuity for your current spouse (or another former spouse), the reduction will be continued to provide the survivor annuity for that person. If you have not previously made an election regarding a current spouse whom you married after retirement you may, within two years after the former spouse loses the right to a survivor annuity, elect a reduced annuity to provide a survivor annuity for that current spouse. This election is subject to the restrictions given in paragraph i.

The reduction to provide a survivor annuity for a former spouse that ends may also be continued to provide (or increase) a survivor annuity for another former spouse if you make this election within the two year period.

- e. If you were unmarried at retirement, you may elect, within two years after a post-retirement marriage, a reduced annuity to provide a survivor annuity for your spouse, subject to the restrictions given in paragraph i. You may elect a full survivor annuity (50% of your unreduced annuity) or a partial survivor annuity (25% of your unreduced annuity).
- f. If you were married at retirement, that marriage ends, and you marry again, you may elect, within two years after the remarriage, a reduced annuity to provide a survivor annuity for your new spouse, subject to the restrictions given in paragraph i. (However, if you remarry the same person you were married to at retirement and that person had previously consented to your election of no survivor annuity, you may not elect to provide a survivor annuity for that person when you remarry.) Your annuity will be reduced effective as of the first day of the second month after your election is received, but not earlier than nine months after the date of your marriage.
- g. If, at retirement, you received (by election or court order) a reduced annuity to provide a survivor annuity for a former spouse and you elected to provide an insurable interest survivor annuity for your current spouse, you may change the insurable interest election to a regular current spouse survivor annuity within two years after your former spouse loses entitlement (because of remarriage before age 55, death, or the terms of the court order), subject to restriction 1, given in paragraph i.
- h. The reduction in your annuity to provide an insurable interest annuity ends if the person you named to receive the insurable interest annuity dies or when the person you named is your current spouse and you change your election as explained in paragraph g. The reduction also ends if, after you retire, you marry the insurable interest beneficiary and elect to provide a spousal

survivor annuity for that person. If you marry someone other than the insurable interest beneficiary after you retire and elect to provide a survivor annuity for your new spouse, you may elect to cancel the insurable interest reduction at that time.

- i. Post-retirement survivor elections are subject to the following restrictions:
 1. They cannot be honored to the extent that they conflict with the terms of a qualifying court order that requires you to provide a survivor annuity for a former spouse.
 2. If, during any period after you retired, your annuity was not reduced to provide a current or former spouse survivor annuity, you must pay into the retirement fund an amount equal to the amount your annuity would have been reduced during that period plus 6% annual interest.
- j. Insurable interest elections are not available after retirement.

SECTION E--Insurance Information

If you want to continue your Federal Employees Health Benefits (FEHB) and/or Federal Employees Group Life Insurance (FGLI) coverages as a retiree, you must meet the following basic requirements. You must be retiring on an immediate annuity and you must have been enrolled in the program for the five years of Federal service immediately preceding your retirement, or if less than five years, since your earliest opportunity to enroll. FEHB coverage as a family member counts toward the five-year requirement.

The FEGLI Certification of Enrollment Booklet (SF 2817A, September 1987 edition) has more information about eligibility to continue your FEGLI coverage as a retiree and the cost of coverage. If you are eligible to continue your FEGLI basic coverage, you **MUST** complete an SF 2818, *Election of Post-Retirement Basic Life Insurance Coverage*. Any optional FEGLI coverage you have and are eligible to retain as a retiree will automatically be continued unless you make some change. You may also want to file a FEGLI designation of beneficiary form (SF 2823). (The designation of beneficiary form for your FERS retirement contributions and any lump sum of accrued annuity is SF 3102.)

If you are eligible to continue your FEHB coverage, your agency will automatically transfer your enrollment to OPM. You do not need to do anything unless you want to make some change in your coverage.

Based on the documentation your employing agency is required to submit with your retirement application, OPM will determine whether you are eligible to continue your health and life insurance coverage as a retiree. **However, if you have any questions about your eligibility, ask your employing office for assistance before you retire.**

SECTION F--Other Claim Information

- Item 1: If you have applied for, or received, workers' compensation from the Office of Workers' Compensation Programs U.S. Department of Labor, because of a job-related illness or injury, check the "yes" box and complete Schedule C.

In Schedule C you should provide the following information:

1. If you are receiving (or have ever received) compensation, enter your compensation claim number(s), the beginning and ending dates of each period for which compensation was paid, and whether the benefits were a scheduled award or disability compensation.
2. If you have applied for, but are not receiving, benefits, indicate whether your claim is pending or has been denied, and the claim numbers applicable.
3. Indicate whether you agree to notify us if the status of your workers' compensation claim changes and whether or not you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs to collect any overpayment if we find that you

were paid, but not eligible for, both compensation and annuity benefits covering the same period of time. Without this authorization, we will not authorize payment of your annuity until we can confirm that OWCP is not paying you compensation.

The information requested regarding benefits from the Office of Workers' Compensation Programs is needed because the law prohibits the dual compensation which would exist if you received both a FERS annuity and compensation for total or partial disability under the Federal Employees' Compensation Act.

SECTION G--Information About Children

You may, if you wish, complete Section G by providing the names and dates of birth of your unmarried dependent children under the age of 18. Also list any child over the age of 18 and incapable of self-support because of mental or physical disability incurred before the age of 18. Check the box headed "disabled" by the name of each child to whom this applies. Information about your children in your annuity claim file may help to expedite the processing of claims for survivor benefits in the event of your death. Completion of Section G is optional; the processing of your annuity application will not be delayed or otherwise affected if you do not complete it. Children will not be denied benefits after your death solely because they were not identified on your retirement application.

SECTION H--Applicant's Certification

Be sure to sign (do not print) and date your application after reviewing the warning.

Filing Your Application

Submit the completed application to your agency. Your agency must then complete the *Agency Checklist of Immediate Retirement Procedures* (Schedule D) and the Certified Summary of Federal Service (SF 3107-1), which are included in this package. These forms were included in this package so that you would have an opportunity to review and become familiar with the type of information and procedures your agency will need to process your application. After you submit your application, your agency will complete the SF 3107-1 and return it to you for your review and signature.

IMPORTANT: YOU AND YOUR EMPLOYING AGENCY ARE JOINTLY RESPONSIBLE FOR THE COMPLETENESS AND CORRECTNESS OF THE CERTIFIED SUMMARY OF FEDERAL SERVICE. YOU SHOULD REVIEW IT CAREFULLY BEFORE SIGNING IT. IF YOU HAVE ALREADY SIGNED A SUMMARY (FOR EXAMPLE, DURING PRE-RETIREMENT COUNSELING) ASK YOUR AGENCY TO LET YOU REVIEW IT AGAIN, ANY ERRORS, OMISSIONS, OR DISCREPANCIES WILL DELAY THE PROCESSING OF YOUR APPLICATION, AND MAY RESULT IN INCOMPLETE CREDIT FOR SERVICE IN THE INITIAL ADJUDICATION OF YOUR APPLICATION.

If you are applying for disability retirement, ask your employing agency for a copy of SF 3105, *Documentation in Support of Disability Retirement Application*.

What Happens After You File Your Retirement Application

1. Your employing office will close out your records, using the Agency Checklist to assure that all necessary steps are taken. When this process (which includes paying you any unpaid compensation, such as for unpaid annual leave) has been completed, the agency will forward your application and records to OPM.

NOTE: Applications for disability retirement are processed differently. Your agency normally will forward your application, evidence supporting your claim of disability and preliminary records, to OPM for a disability determination based on review of both medical and nonmedical evidence.

2. After it receives your application, the Office of Personnel Management will assign your claim number, which will begin with the letters "CSA." This number will be very important to you as an annuitant because you will need to refer to it any time you write or call OPM in connection with your annuity.
3. If you are eligible to elect an "alternative" annuity (lump sum refund of your retirement contributions with a reduced monthly benefit), we will send you specific information about this election when we process your application. If you are retiring on a disability annuity, or if you have a former spouse entitled by court order to benefits, you will not be eligible to elect an alternative annuity.
4. OPM will also determine whether you are eligible for the special retirement supplement and include the supplement in your annuity payment if you are eligible for it.
5. When we finish processing your application, we will send you a statement explaining your benefits.

Payment and Accrual of Annuity

All annuities are payable in monthly installments on the first business day of the month following the one for which the annuity has accrued. All annuities are adjusted to the next lower dollar.

The commencing date of most annuities is the first day of the month after separation. There are three exceptions, however: (1) disability annuities, (2) annuities based on involuntary separations, and (3) annuities based on military reserve technician provisions. In these instances, annuities commence no later than the day after pay ceases and all other requirements for title to annuity are met.

	APPLICATION FOR IMMEDIATE RETIREMENT FEDERAL EMPLOYEES RETIREMENT SYSTEM	See Privacy Act Information on Instruction Sheet
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Section A--Identifying Information

1. Name (<i>Last, first, middle</i>)		2. List All Other Names You Have Used	
3. Address (<i>Number, street, city, state, ZIP code</i>)	4. Telephone Number (<i>including area code</i>)	5. Date of Birth (<i>Month, day, year</i>)	6. Social Security Number
7. Are you a citizen of the United States of America?	<input type="checkbox"/> Yes <input type="checkbox"/> No--If "No" give \longrightarrow		
8. Is this application for disability retirement?	<input type="checkbox"/> Yes (<i>Ask your employing office about other documents you must submit</i>) <input type="checkbox"/> No		

Section B--Federal Service

1. Department or Agency From Which You Are Retiring (<i>Include bureau or division, address and ZIP code</i>)	2. Date of Final Separation (<i>Month, day, year</i>)
	3. Title of Position From Which You Are Retiring
4. Have you performed active honorable service in the Armed Services or other uniformed services of the United States? (<i>See instructions for definition</i>)	<input type="checkbox"/> Yes (<i>Complete Schedule A and attach to this form</i>) <input type="checkbox"/> No
5. Are you receiving or have you applied for military retired pay? (Note: If you later become entitled to military retired pay you must notify OPM.)	<input type="checkbox"/> Yes (<i>Complete Schedule B and attach to this form</i>) <input type="checkbox"/> No

Section C--Marital Information

1. Are you married now? (<i>A marriage exists until ended by death, divorce, or annulment</i>)	<input type="checkbox"/> Yes (<i>Also complete items 1a-f below</i>) <input type="checkbox"/> No	
1a. Spouse's Name (<i>Last, first, middle</i>)	1b. Spouse's Date of Birth (<i>Month, day, year</i>)	1c. Spouse's Social Security Number
1d. Place of Marriage (<i>City, state</i>)	1e. Date of Marriage (<i>Month, day, year</i>)	1f. Marriage performed by: <input type="checkbox"/> Clergyman or Justice of the Peace <input type="checkbox"/> Other (<i>Explain</i>):
2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity?		
<input type="checkbox"/> Yes \longrightarrow Attach a copy of the court order(s) and any amendments		<input type="checkbox"/> No

Section D--Annuity Election

Make your election by initiating the box beside the type of annuity you want to receive and give any other information requested. Read the information pages of the instructions and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the instructions.

If you are married at retirement, the law provides an annuity with full survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits. You must attach Standard Form 3107-2 to this form if your spouse consents to your election.

1. I CHOOSE A REDUCED ANNUITY WITH MAXIMUM SURVIVOR ANNUITY FOR MY SPOUSE.			
INITIALS	If you are married at retirement, you will automatically receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits. If you receive this annuity, your annuity will be reduced by 10%. Your spouse's annuity upon your death will be 50% of your annuity.		
2. I CHOOSE A REDUCED ANNUITY WITH A PARTIAL SURVIVOR ANNUITY FOR MY SPOUSE. (<i>Attach SF 3107-2 showing your spouse's consent.</i>)			
INITIALS	If you choose this option, your annuity will be reduced by 5%. Upon your death, your spouse's annuity will be 25% of your unreduced annuity. You MUST have your spouse's consent to choose this option.		
3. I CHOOSE AN ANNUITY PAYABLE ONLY DURING MY LIFETIME. (<i>If you are married and elect this, attach Standard Form 3107-2 showing your spouse's consent.</i>)			
INITIALS	If you are married at retirement, you CANNOT choose this type of annuity without your spouse's consent. No survivor annuity will be paid to your spouse after your death if he or she consents to this election.		
4. I CHOOSE A REDUCED ANNUITY WITH SURVIVOR ANNUITY FOR THE PERSON NAMED BELOW WHO HAS AN INSURABLE INTEREST IN ME.			
INITIALS	You must be healthy and willing to provide medical evidence if you choose this type of annuity. (<i>Disability annuitants are not eligible to choose this type of annuity.</i>)		
Name of Person With Insurable Interest	Relationship to You	Date of Birth	Social Security Number

5. I CHOOSE A REDUCED ANNUITY WITH SURVIVOR ANNUITY FOR MY FORMER SPOUSE(S) AS FOLLOWS: <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px; text-align: center;"> INITIALS <div style="border: 1px solid black; height: 20px; width: 50px; margin: 2px auto;"></div> </div> <div> You must attach: <ol style="list-style-type: none"> 1. Copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity. 2. If you are married, attach a completed SF 3107-2, <i>Spouse's Consent to Survivor Election</i>. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1). </div> </div>			
Name and Address of Former Spouse	Date of Marriage	Date of Divorce	Survivor annuity equal to _____ % of my annuity
	Date of Birth	Social Security number	
Name and Address of Former Spouse	Date of Marriage	Date of Divorce	Survivor annuity equal to _____ % of my annuity
	Date of Birth	Social Security number	
Total (either 25% or 50% of your unreduced annuity)			

Section E--Insurance Information

See the information on page 4 of this package about the requirements for continuing Federal Employees Health Benefits and Federal Employees Group Life Insurance coverage as a retiree.

1. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you eligible to continue Federal Employees' Group Life Insurance coverage as a retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section F--Other Claim Information

1. Are you receiving, or have you applied for or ever received, workers' compensation from the Department of Labor because of a job-related illness or injury?	<input type="checkbox"/> Yes (<i>Complete Schedule C and attach to this form</i>) <input type="checkbox"/> No
2. Have you previously filed any application under the Civil Service Retirement System or the Federal Employees Retirement System (<i>for retirement, refund, deposit or redeposit, or voluntary contributions</i>)?	<input type="checkbox"/> Yes (<i>Complete items 2a and 2b below</i>) <input type="checkbox"/> No
2a. Type of Application <input type="checkbox"/> Retirement <input type="checkbox"/> Refund	<input type="checkbox"/> Return of excess deductions <input type="checkbox"/> Deposit or redeposit <input type="checkbox"/> Voluntary contributions
2b. Claim Numbers	

Section G (Optional)--Information About Your Unmarried Dependent Children

1. Dependent Child's Name (First, middle, last)	2. Date of Birth (Month, day, year)	3. Disabled (<input type="checkbox"/>)	1. Dependent Child's Name (First, middle, last)	2. Date of Birth (Month, day, year)	3. Disabled (<input type="checkbox"/>)

Section H--Applicant's Certification

WARNING Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)	I hereby certify that all statements made in this application are true to the best of my knowledge and belief.	
	Signature (<i>Do not print</i>)	Date

Applicant's Checklist

This checklist is provided to help you be certain you have attached all the necessary documents and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.

	Yes	No	Not Applicable
1. If you answered "yes" to Section B, item 4, did you attach Schedule A?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you answered "yes" to Section B, item 5, did you attach Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If you completed Schedule B and answered "yes" to item d, did you attach a copy of your request for waiver and a copy of the military finance office's acknowledgement or approval of your request for waiver (<i>if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you are married and did not initial box 1 of Section D, did you attach SF 3107-2, <i>Spouse's Consent to Survivor Election</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If you answered "yes" to Section E, item 2, did you attach SF 2818, <i>Election of Post-Retirement Basic Life Insurance Coverage</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you answered "yes" to Section F, item 1, did you attach Schedule C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Schedules A, B and C

1. Name (<i>Last, first, middle</i>)	2. Date of Birth (<i>Month, day, year</i>)	3. Social Security Number
----------------------------------------	----------------------------------------------	---------------------------

Schedule A--Military Service Information

1. If you have performed active honorable service in the Armed Services, or other uniformed services shown below, complete 1a-d below and attach a copy of your discharge certificate or other certificate of active military service (<i>if available</i>). See instructions for definitions of Armed Services and Uniformed Services.				
a. Branch or Service	b. Serial Number	c. Dates of Active Duty		d. Last Grade or Rank
		From (<i>Mo., day, yr.</i>)	To (<i>Mo., day, yr.</i>)	
2. If any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency. You cannot pay OPM after you retire.) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable </div>				

Schedule B--Military Retired Pay

1. If you are receiving or have applied for military retired or retainer pay (including disability or retired pay), complete Parts 1a-d below.	
a. Are you receiving or have you ever applied for military retired or retainer pay? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	c. Was your military retired pay or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes (<i>If available, attach a copy of notice of award</i>) <input type="checkbox"/> No </div>
b. Was your military retired or retainer pay awarded for reserve service under Chapter 67, title 10? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes (<i>If available, attach a copy of notice of award</i>) <input type="checkbox"/> No </div>	d. Are you waiving your military retired or retainer pay in order to receive credit for military service for FERS retirement benefits? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes (<i>if available, attach a copy of your request for waiver and a copy of military finance officer's acknowledgement or approval of your request for waiver.</i>) <input type="checkbox"/> No </div>

Schedule C--Federal Employees Compensation Information

1. Are you receiving or have you ever received workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury?		<input type="checkbox"/> Yes (<i>Complete parts 1a-c below</i>) <input type="checkbox"/> No (<i>Go to question 2</i>)
a. Compensation Claim Number	b. Benefit Received	c. Type of Benefit
	From (<i>Mo., day, yr.</i>) To (<i>Mo., day, yr.</i>)	
		<input type="checkbox"/> Scheduled award
		<input type="checkbox"/> Total or partial disability compensation
		<input type="checkbox"/> Scheduled award
		<input type="checkbox"/> Total or partial disability compensation
2. If you have applied for workers' compensation (<i>other than as listed in item 1a above</i>) but are NOT receiving benefits, check reason below and give the information requested.		
a. Awaiting OWCP decision	b. Claim denied	
Compensation Claim Number	Compensation Claim Number	Date Claim Denied
3. Except for scheduled compensation awards, workers' compensation and FERS retirement benefits CANNOT be paid for the same period of time. Please complete the information below regarding your claim.		
a. Do you agree to notify us promptly if the status of your workers' compensation claim changes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you authorize the Office of Personnel Management and/or the Office of Workers Compensation Programs (OWCP) to collect any over-payment if we later find you are ineligible for both compensation and annuity payments covering the same period of time?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Certification

I certify that all statements made on these schedules are true to the best of my knowledge and belief.	Signature (<i>Do not print</i>)	Date
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FEDERAL EMPLOYEES RETIREMENT SYSTEM

AGENCY CHECKLIST OF IMMEDIATE RETIREMENT PROCEDURES

SECTION A--Employing Office Checklist: To Be Completed by Office Maintaining Official Personnel Folder (OPF)

1. Name of Applicant (Last, first, middle)		2. Date of Birth (Month, day, year)	3. Social Security Number																																																									
4. Type of Retirement <input type="checkbox"/> Immediate Voluntary (MRA + 30, 60 + 20, 62 + 5) <input type="checkbox"/> Immediate Voluntary (MRA + 10 with age reduction) <input type="checkbox"/> Early Retirement (Major RIF, reorganization, or transfer of function) <input type="checkbox"/> Involuntary Retirement <input type="checkbox"/> Disability		5. Special Provisions (Check any applicable) <input type="checkbox"/> 25 Years Law Enforcement/Firefighter <input type="checkbox"/> 20 Years Law Enforcement/Firefighter and age 50 <input type="checkbox"/> 25 Years Air Traffic Controller <input type="checkbox"/> 20 Years Air Traffic Controller and age 50 <input type="checkbox"/> Other →																																																										
6. Does applicant meet the requirements for continuation of health benefits coverage into retirement? <input type="checkbox"/> YES--Complete item 6a below <input type="checkbox"/> NO--Give reason below: 6a. Enrollment Code Number																																																												
7. Does applicant meet the requirements for continuation of life insurance into retirement? <input type="checkbox"/> YES--Complete item 7a below <input type="checkbox"/> NO--Give reason below: 7a. Applicant can continue Basic Life and the following options: <input type="checkbox"/> Option A--Standard <input type="checkbox"/> Option B--Additional with the following multiples of pay: <input type="checkbox"/> Option C--Family <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> No optional insurance																																																												
8. Are the following documents attached? Indicate by "X" for each item:		9. If type of annuity is NOT Disability, are the following documents attached?																																																										
<table border="1" style="width:100%"><thead><tr><th></th><th>Attached</th><th>Not Applicable</th></tr></thead><tbody><tr><td>a. SF 3107*</td><td></td><td></td></tr><tr><td>b. All documents applicant shows as attached to SF 3107</td><td></td><td></td></tr><tr><td>c. If applicant is married and did not elect the maximum survivor benefit, SF 3107-2*</td><td></td><td></td></tr><tr><td>d. SF 3107-1*</td><td></td><td></td></tr><tr><td>e. If discontinued service retirement, required documentation</td><td></td><td></td></tr><tr><td>f. If early optional retirement, enter OPM Authority No. →</td><td></td><td></td></tr><tr><td>g. If law enforcement/firefighter eligible to have part of benefit computed under CSR rules, required documentation.</td><td></td><td></td></tr><tr><td>h. Agency estimate of benefits, if prepared</td><td></td><td></td></tr></tbody></table>			Attached	Not Applicable	a. SF 3107*			b. All documents applicant shows as attached to SF 3107			c. If applicant is married and did not elect the maximum survivor benefit, SF 3107-2*			d. SF 3107-1*			e. If discontinued service retirement, required documentation			f. If early optional retirement, enter OPM Authority No. →			g. If law enforcement/firefighter eligible to have part of benefit computed under CSR rules, required documentation.			h. Agency estimate of benefits, if prepared			<table border="1" style="width:100%"><thead><tr><th colspan="3">mark "X" in appropriate column</th></tr><tr><th>Attached</th><th>Not Applicable</th><th>Sent to OWCP</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		mark "X" in appropriate column			Attached	Not Applicable	Sent to OWCP																								
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10. If type of retirement is disability, is the employee's disability documentation specified in SF 3105 attached? <input type="checkbox"/> YES <input type="checkbox"/> NO--Explain →																																																												
11. List any documents which are attached, but not listed above:																																																												

12. Certification by Chief Personnel Officer or Designee

I certify that the above accurately reflects verified information in official records and that the applicant has sufficient service to support title to annuity.

Signature	Address	
Official Title		
Person to Contact for Further Information	Telephone Number (Including Area Code)	Submitting Office Number (SON)

OFFENSES BARRING ANNUITY PAYMENTS: Public Law 87-299 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Office of Personnel Management's Retirement and Insurance Group in any case when this law possibly applies.

* See back for titles to forms referred to above.

** Postal Service personnel should refer to the Employee and Labor Relations Manual (ELM).

SF 3107--Schedule D
Rev. March 1988
Office of Personnel Management

SECTION B--Payroll Office Checklist: To Be Completed by Office Maintaining Individual Retirement Record (SF 3100 or SF 3100A)*

IMPORTANT: The SF 3100 or SF 3100A must be closed out and sent to OPM no later than 5 days after the pay date for the final pay check.

<p>1. Does SF 3100 or SF 3100A for applicant named in Section A contain all information required?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → Explain in item 10</p>	<p>2. Is the applicant someone who elected to transfer to FERS and who is entitled to have a portion of his or her benefits computed under CSRS rules?</p> <p><input type="checkbox"/> Yes → Go to item 3 <input type="checkbox"/> No → Go to item 4</p>			
<p>3. If yes, are his or her sick leave balances at the time of transfer and of retirement shown on SF 3100 or SF 3100A?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → Explain in item 10</p>	<p>4. Is the applicant's last day in pay status shown on SF 3100 or SF 3100A?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → Explain in item 10</p>			
<p>5. Is applicant's health benefits status posted on SF 3100 or SF 3100A?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → Explain in item 10</p>	<p>6. If this is a preliminary SF 3100 or SF 3100A for disability retirement, is applicant's life insurance status posted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → Explain in item 10</p>			
<p>7a. Has applicant made a military service deposit with your agency?</p> <p><input type="checkbox"/> Yes → Go to item 7b <input type="checkbox"/> No → Go to item 8</p>	<p>7b. If yes, is an SF 3100 or SF 2806 for the deposit attached?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Record will follow</p>			
<p>8a. Does the applicant have any part-time service (for an employee who elected to transfer to FERS and is eligible to have a portion of his/her annuity computed under CSRS rules, any part-time service on or after April 7, 1986)?</p> <p><input type="checkbox"/> Yes → Go to item 8b <input type="checkbox"/> No → Go to item 9</p>	<p>8b. If yes, is the number of hours in each scheduled tour of duty and the date of each change in tour of duty posted on the SF 3100 or SF 3100A (including changes to full-time and intermittent status)? If the employee worked in excess of his/her scheduled tour of duty, post the actual earnings or hours actually worked at each rate of pay.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → Explain in item 10</p>			
<p>9. Disposition of SF 3100 or SF 3100A:</p> <p><input type="checkbox"/> SF 3100 or SF 3100A and Register of Separations and Transfers (SF 3103) are attached.</p> <p><input type="checkbox"/> SF 3100 or SF 3100A was forwarded as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Forwarded to:</td> <td style="width: 30%;">SF 3103 Number</td> <td style="width: 30%;">Date of SF 3103</td> </tr> </table>		Forwarded to:	SF 3103 Number	Date of SF 3103
Forwarded to:	SF 3103 Number	Date of SF 3103		
<p>10. Remarks</p>				

9. Certification by Chief Payroll Officer or Designee

I certify that the above accurately reflects official records maintained by this office.

Signature	Date	Payroll Office Number
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*Employees who elected to transfer to FERS may have a redesignated SF 2806 instead of or in addition to SF 3100 or SF 3100A.

TITLES OF FORMS REFERRED TO IN SECTION A:

SF 3107: Application for Immediate Retirement
 SF 2809: Health Benefits Registration Form
 SF 2810: Notice of Change in Health Benefits Enrollment
 SF 2817: Life Insurance Election
 SF 2818: Election of Post-Retirement Basic Life Insurance Coverage

SF 2821: Agency Certification of Insurance Status
 SF 2823: } Life Insurance Designation of Beneficiary
 SF 54: }
 SF 3107-1: Certified Summary of Federal Service
 SF 3107-2: Spouse's Consent to Survivor Election
 SF 3102: FERS Designation of Beneficiary